



# Incident Report

Print Date/Time: 04/27/2016 14:40

Login ID: ss0139

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00007648

**Incident Date/Time:** 4/23/2016 6:26:00 PM  
**Location:** LAKE VIEW DR / ALDER RD  
LAKE STEVENS WA 98258  
**Phone Number:** (425) 418-6808  
**Report Required:** No  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 3  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19D3	SS0136-Shein
19N3	SS0134-Lyons
19R1	SS0133-Heinemann
19S16	SS0072-Aukerman

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Registered Owner	KRUG, HALEY KAYE					11/18/1981
2	Registered Owner	LEWIS, GEORGE BRIAN SCOTT					12/08/1975
3	Registered Owner	OLSEN, TODD RICHARD					05/08/1957
4	Reporting Party	HOPKINS, GERI		(425) 418-6808			

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						AFK0099	
Involved Vehicle						B08453X	

## Disposition(s)

Disposition	Count
R	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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## CAD Narrative

04/23/2016 : 18:36:27 SP0294 Narrative: 1 GRN 1 YEL

04/23/2016 : 18:34:55 SP0294 Narrative: INJ

04/23/2016 : 18:34:52 SP0294 Narrative: ONSC CHK FOR INK

04/23/2016 : 18:33:22 SP0403 Narrative: 19R1, AID OS

04/23/2016 : 18:29:24 SP0338 Narrative: PASSERBY LR338

04/23/2016 : 18:29:03 SP0338 Narrative: VEH'S NOW NON BLKING PULLED TO SIDE RDWY

04/23/2016 : 18:28:58 SP0403 Narrative: AA

04/23/2016 : 18:28:48 SP0338 Narrative: BLK ELANTRA - ADULT F CABN LEG PX, OTHER VEH RED FORD CREW CAB, BLKING

04/23/2016 : 18:28:07 SP0338 Narrative: 2 CAR COL IFO LOC, 1 F LEG PX

## 16-00007648, 042316 COLLISION REPORT

STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT

1591971

REPORT NO. **E537374**

CASE #	2016-00007648		
LOCAL AGENCY CODING	WA0311900		
TOTAL # OF UNITS	02	OBJECT STRUCK	

INTERSTATE	<input type="checkbox"/>	CITY STREET	<input checked="" type="checkbox"/>	FIRE RESULTED	<input type="checkbox"/>
STATE ROUTE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	STOLEN VEHICLE	<input type="checkbox"/>
COUNTY RD	<input type="checkbox"/>	PRIVATE WAY	<input type="checkbox"/>	HIT & RUN INVOLVED	<input type="checkbox"/>

TRIBAL RESERVATION	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	04	-	23	-	2016			1822	31						0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION	<input checked="" type="checkbox"/>	NON-INTERSECTION	<input type="checkbox"/>
LAKEVIEW DR	BLOCK NO.			
	MILE POST			

DISTANCE		MILES	<input type="checkbox"/>	N	<input type="checkbox"/>	E	OF (REFERENCE OR CROSS STREET)	ALDER RD
		FEET	<input type="checkbox"/>	S	<input type="checkbox"/>	W		

UNIT 01	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL-CYCLE	<input type="checkbox"/>	DAMAGE THRESHOLD MET	YES	NO	PHONE	D: 2066831206
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LAST NAME	LEWIS	FIRST NAME	GEORGE	MIDDLE INITIAL	B
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STREET NEW ADDRESS	3214 127TH AVE NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982588064
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	LEWISGB256RH	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	12	-	08	-	1975
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	B08453X	STATE	WA	VIN#	1FTPX14VX7FA97401
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2007	MAKE	FORD	MODEL	F150	STYLE	PK	VEHICLE TOWED	YES	NO	TOWED BY		GOVT. VEHICLE	YES	NO
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REGISTERED OWNER INFO.		LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATEFARM 018-7213813
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VEHICLE LEGALLY STANDING	YES	NO	CITATION #		CHARGE	
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UNIT 02	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL-CYCLE	<input type="checkbox"/>	PEDESTRIAN	<input type="checkbox"/>	PROPERTY OWNER	<input type="checkbox"/>	DAMAGE THRESHOLD MET	YES	NO	PHONE	D: 4252933931
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LAST NAME	OLSEN	FIRST NAME	PENNEY	MIDDLE INITIAL	M
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STREET NEW ADDRESS	2415 ALDER RD UNIT B
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CITY	LAKE STEVENS	ST	WA	ZIP	982589561
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CDL	B	RESTRICTIONS	B, K	ENDORSEMENTS	P
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DRIVER'S LICENSE #	OLSENPM324QL	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	11	-	13	-	1968
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES	LEG
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LICENSE PLATE #	AFK0099	STATE	WA	VIN#	KMHDN46DX4U915632
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2004	MAKE	HYUN	MODEL	ELA4D	STYLE	P4	VEHICLE TOWED	YES	NO	TOWED BY		GOVT. VEHICLE	YES	NO
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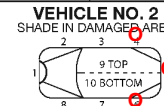
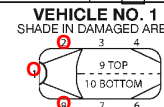
REGISTERED OWNER INFO.	TODD OLSEN 935 31ST AVE S SEATTLE WA 98144
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LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATEFARM 327 1926-E24-47M
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VEHICLE LEGALLY STANDING	YES	NO	CITATION #		CHARGE	
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OFFICER'S NAME (PRINT)	G. HEINEMANN	BADGE OR ID #	0133	AGENCY	WA0311900
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PART A	3000-345-159 R (7/06)	PAGE 01 OF	3
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**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E537374**CASE # **2016-00007648**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					

**NARRATIVE**

Unit 1 and Unit 2 were both traveling eastbound on Lake View DR in the 10500 block. Unit 2 slowed and stopped to yield to westbound traffic to attempt a left turn to go northbound on Alder DR. Unit 1 was watching the vehicle behind them and did not notice that Unit 2 was stopped. Unit 1 did not have enough time to slow and avoid striking Unit 2. The driver of Unit 2 was transported to Providence Medical Center for further evaluation of possible leg pain.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**G. HEINEMANN**
**04-25-16 12:14 AM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

**W. AUKERMAN 0072**
**4/25/2016 11:19:35 PM**

BADGE OR ID #	<b>0133</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>6:28 PM</b>	TIME POLICE ARRIVED	<b>6:33 PM</b>
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REPORT NO. E537374

CASE # 2016-00007648

DATE AND TIME  
OF COLLISION 04/23/16 18:22

